



## APPLICATION FOR WELL/SPRING WATER PERMIT

**TOOELE COUNTY HEALTH DEPARTMENT**  
**151 NORTH MAIN STREET**  
**TOOELE, UTAH 84074**  
**Phone (435) 843-2340 · Fax (435) 843-2304**

- Permit fee is \$340.00.
- Permit valid 24 months from date of application.
- Any changes must be approved in writing by TCHD.
- Additional fees may be required for repeat samples, additional sampling parameter, or lab fee increases

### TO BE COMPLETED BY APPLICANT

Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Site Address or Legal Description: \_\_\_\_\_

\_\_\_\_\_ Parcel#: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Well Driller's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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### OFFICE USE ONLY

Permit #: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

Application Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Final Inspection Approval: \_\_\_\_\_ Date: \_\_\_\_\_